



**CITY OF SAN BRUNO  
PRIVATE SEWER LATERAL GRANT PROGRAM  
REIMBURSEMENT REQUEST FORM**

**Site Address:** \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Describe work completed:** \_\_\_\_\_

Cost of work: \_\_\_\_\_

*(If excavation is needed)*

Building Permit # \_\_\_\_\_

Date finalized: \_\_\_\_\_

Encroachment Permit # \_\_\_\_\_

Date finalized: \_\_\_\_\_

\_\_\_\_\_  
I certify that the information submitted is true and accurate.....

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**Submit form and a copy of work invoice with total price to:**

Public Services Department, Attn: Dennis Bosch

567 El Camino Real, San Bruno, CA 94066

dbosch@sanbruno.ca.gov

650-616-7160